• 5 . 6	Application No.	Applicant(s)	
Interview Summary	10/625,462	SVOBODA, TOMAS	
	Examiner	Art Unit	· · · · · · · · · · · · · · · · · · ·
	Joiya M. Cloud	2144	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) Joiya M. Cloud.	(3)		
(2) <u>Katri Truhler</u> .	(4)		
Date of Interview: 22 August 2007.			• •
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∐ applicant's representative	<b>;</b> ]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>n/a</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f) ☐ was reached. g	)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Examiner contacted Applicant intends for the confirmation from Katri Truhler that Applicant intends for the confirmation from the confirmation from the confirmation from the confirmation fr</u>	<u>licant's representative via telej</u>	phone and receiv	
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w	reed would rende rould render the	er the claims claims
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APPI DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
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Examiner Note: You must sign this form unless it is an	SUPERVISORY TECHNOLOG	AM VAUGHN PATENT EXAMINE SY CENTER 2100	) R
Examiner Note. Tou must sign tims form unless it is an			<del></del>

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required